

Dear Property Owner;

Thank you for contacting our office with your request for a Tree Maintenance Permit. This permit approval is a requirement prior to any maintenance activities being performed on a tree growing in the City's Right-of-Way. A certified arborist must be on staff with the company that may perform the following maintenance activities: tree removal, pruning, treatment, and or stabilization.

Your application will be processed promptly and a permit issued to your contractor. Although there is no cost to you for this permit, you are responsible for all the cost incurred with this maintenance.

Should you have any further questions, please contact the Street Maintenance Division at (779) 348-7260. Our office hours are Monday through Friday from 7:00 a.m. - 3:30 p.m.

Regards,

Forestry Supervisor

MAINTENANCE PERMIT APPLICATION

Pruning, removal, treatment or bracing of street terrace trees
(THIS IS AN APPLICATION FORM AND IS NOT TO BE USED AS A PERMIT)

RETURN THE ENCLOSED APPLICATION TO:

CITY OF ROCKFORD
DEPARTMENT OF PUBLIC WORKS
STREET MAINTENANCE DIVISION
523 S. CENTRAL AVENUE
ROCKFORD, IL 61102
(779) 348-7260

ARTICLE II. PERMITS

I. Section 29-25. Required.

No person, shall plant, transplant, move, spray, brace, trim, prune, cut above or below ground, disturb, alter or do surgery on any public tree or shrub within the city or cause such act to be done by others, without first obtaining a written permit for such work from the city forester.

II. Section 29-27. Issuance; contents; expiration.

Every permit required by this article shall be issued by the city forester on forms prepared by him and shall include a description of the work to be done and shall specify the species or variety, size, nursery grade and location of the tree(s). Any work done under such permit shall be performed in strict accordance with the terms thereof and the provisions of this chapter. Permits issued under this section shall expire six (6) months after date of issue.

The City of Rockford Forestry Department considers maintenance activities to include but not be limited to any pruning of a city tree, removal of a city tree, applying pesticides (EAB treatment), and stabilization (cabling, etc.).

Site Address:		Prope	rty ID#:	
Property Owners Name:		Address:		
City:		State: Zip:		
Phone Number:	Approximate Maintenance Date:			
Contractor Information: an on-site Certified Arborist must supervise all maintenance activity				
Business Name: Address:				
City:				
On-Site Arborist:				
Name I.S.A. #				
MARK LOCATION OF TREE(S)	ı	Cell #	DBH, Species	Proposed maintenance
19 18 17 16	15 14	13		maintenance
		12		
21		11		
22		10		
Front of House		9		
24 Sidewalk A	1roa	8		
1 2 3 4				
(grass terrace a				
I HEREBY AGREE TO ABIDE TO ALL PROVISIONS AND TREE MAINTENANCE REQUIREMENTS				
WITHIN THIS APPLICATION, AND TO THE PERMIT, WHEN ISSUED.				
PERMITTEE SIGNAT	URE			DATE
□ Approved				
Denied		Forestry Sup	pervisor	Date